

**ALL SAINTS LUTHERAN CHURCH
SUNDAY SCHOOL REGISTRATION FORM (4k-12th Grade)**

Full Name: _____ Grade: _____

Birthdate (mm/dd/yy): _____ Gender: _____

Full Name: _____ Grade: _____

Birthdate (mm/dd/yy): _____ Gender: _____

Full Name: _____ Grade: _____

Birthdate (mm/dd/yy): _____ Gender: _____

Full Name: _____ Grade: _____

Birthdate (mm/dd/yy): _____ Gender: _____

Parent/Guardian: _____ Relationship: _____

Address: _____ City/Zip: _____

Preferred phone number to contact you: _____ Home Cell

Email address: _____

Please list any special allergy, dietary, health, and/or emotional needs of which we should be aware:

I hereby authorize All Saints Lutheran Church of Fitchburg, WI, to use photographs of the above minor(s) for print or internet media. When applicable, only first names will be used in said media.

Yes No

Parent/Guardian signature: _____ Date: _____

*Please type your name as your signature, save as a pdf,
and email to the All Saints office (office@allsaints-madison.org) Thank you!*